

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 030 ***150.00

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1. Entity Name
J & W SOFFIT & SIDING, INC.



Principal Place of Business
**8577 MCGOLTHLIN STREET
JACKSONVILLE, FL 32210**

Mailing Address
**8577 MCGOLTHLIN STREET
JACKSONVILLE, FL 32210**

14011399



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0108771

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**HOWARD, JUDSON W
5609 MARTINEZ RD.
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Judson Howard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWARD, JUDSON W
STREET ADDRESS	5609 MARTINEZ RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DTS
NAME	BURGESS, JAMES E
STREET ADDRESS	5609 MARTINEZ RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	VP
NAME	BURGESS, LONNIE
STREET ADDRESS	8577 MCGOLTHLIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judson Howard James Burgess*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #